



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: Brant et al.
Serial No: 10/697,194
Filing Date: October 30, 2003
Title: PRESSURE PLATE FOR
SWITCH OR RECEPTACLE

Group Art Unit:
Examiner:

Commissioner for Patents
P.O Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail addressed to Mail Stop: Preliminary Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 14, 2004.

Kathryn A. Watson
Kathryn A. Watson

PRELIMINARY AMENDMENT

Sir:

Prior to the initial examination of the above-captioned application, please enter the following Remarks and Amendments as follows.

Remarks begin on page 2 of this paper; and

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper;



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/697,194
Filing Date	10/30/2003
First Named Inventor	Brant
Group Art Unit	
Examiner Name	
Attorney Docket Number	905-151 CON

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): * Preliminary Amendment * Return Postcard
	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account No. 50-0289.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Wall Marjama & Bilinski, LLP Daniel P. Malley	Reg. No. 43,443
Signature		
Date	January 14, 2004	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

January 14, 2004

Typed or printed name	Kathryn A. Watson		
Signature		Date	January 14, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.